Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	17D2217035	08/26/2021
Name of Provider or Supplier	**Street Address, City, State**	
Kc Bariatric, Llc	23401 Prairie Star Pkwy Suite 300, Lenexa, KS	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	Summary Statement of Deficiencies
D5805	TEST REPORT CFR(s): 493.1291(c) The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability. This STANDARD is not met as evidenced by: Based on review of patient test reports and interview with technical consultant #1 (TC#1), the laboratory failed to include the name and address of the laboratory location where the test was performed on the patient report. Findings: 1. Review of selected patient test reports showed the laboratory name and address where the test was performed was not present on the report. 2. Interview with TC#1 on 8/26/21 at 10: 00 a.m. confirmed the laboratory failed to include the name and address of the laboratory where the test was performed on the patient report.
D5807	TEST REPORT CFR(s): 493.1291(d) Pertinent "reference intervals" or "normal" values, as determined by the laboratory performing the tests, must be available to the authorized person who ordered the tests and, if applicable, the individual responsible for using the test results. This STANDARD is not met as evidenced by:

	Based on review of approved reference ranges in the laboratory procedure manual and interview with the laboratory director (LD), the laboratory failed to ensure the test report included pertinent normal ranges as determined by the laboratory. Findings: 1. Review of the patient reports from the LIS system revealed eight of the eight parameters for normal ranges did not correctly match those reference ranges for the complete blood count (CBC) test in the procedure manual. LIS patient report Procedure manual WBC 4.5-10.5 3.71-10.67 RBC 4.00-6.00 3.87-5.68 HGB 11.0-18.0 12.00-16.75 HCT 35.0-60.0 35.1-48.7 MCV 80.0-99.0 78.4-97.6 MCH 27.0-31.0 26.5-33.5 MCHC 32.8-37.0 32.9-35.4 PLT 150-450 150.5-366.8 2. Interview with LD on 8/26/2021 at 11:00 a.m. confirmed, the laboratory failed to ensure correct reference ranges approved in the procedure manual were included on the LIS patient report.